

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border-bottom: 1px solid black; padding: 2px;">09718204</div>	FILING DATE <div style="border-bottom: 1px solid black; padding: 2px;">11-27-00</div>					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	/					51						
2	1	/					52						
3		1	/				53						
4		1	/				54						
5		1	/				55						
6		1	/				56						
7		1	/				57						
8		1	/				58						
9		1	/				59						
10		1	/				60						
11	1	/					61						
12		1	/				62						
13		2	/				63						
14	1	2	/				64						
15		2	/				65						
16		2	/				66						
17		2	/				67						
18		1	/				68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	8						TOTAL DEP.						
TOTAL CLAIMS	11						TOTAL CLAIMS						